

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214532712						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: WEST WINDOW CORPORATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: W E GIESLER 226 INDUSTRIAL PARK DR PO BOX 3071 MARTINSVILLE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRY COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2014</p> <p>SCC ID NO: F0435075</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMA</td> <td>110</td> </tr> <tr> <td>COMB</td> <td>9,890</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMA	110	COMB	9,890
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COMB	9,890							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: P O DRAWER 3071</p> <p style="margin-left: 40px;">CITY/ST/ZIP: MARTINSVILLE, VA 24115</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DONALD R. HODGES TITLE: PRESIDENT/CEO ADDRESS: 355 BURCH DR CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DONALD R. HODGES TITLE: PRESIDENT/CEO ADDRESS: 355 BURCH DR CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDRA J PULLIAM SECRETARY 1810 SPRUCE ST UNIT #104 MARTINSVILLE, VA 24112	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAMELA G FERGER DIRECTOR 24 HARBOUR HOUSE KEY LARGO, FL 33037	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN G HODGES DIRECTOR 355 BURCH DR MARTINSVILLE, VA 24112	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ TRACY A LESTER		TRACY A LESTER, TREASURER		6/25/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					